

**FILED**

MAY 04 2017

  
Clerk

CHRIS ZACHARIAS #35038

Name and Prisoner/Booking Number

SDSP

Place of Confinement

P.O.BOX 5911 / 1600 n. Drive

Mailing Address

Sioux falls, SD 57117

City, State, Zip Code

UNITED STATES DISTRICT COURT  
DISTRICT OF SOUTH DAKOTA  
~~Southern~~ DIVISION  
~~southern~~

CHRIS ZACHARIAS,  
(Full Name of Plaintiff)

Case No. 17-cv-4065  
(To be supplied by the Clerk)

Plaintiff,

South Dakota State  
PRISON (SDSP),  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Full Name of Each Defendant)

CIVIL RIGHTS COMPLAINT  
BY A PRISONER

- Original Complaint  
 First Amended Complaint  
 Second Amended Complaint

Defendants.

South Dakota state prison (SDSP)

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:
  - a.  28 U.S.C. § 1343(a)(3); 42 U.S.C. § 1983
  - b.  28 U.S.C. § 1331; *Bivens v. Six Unknown Federal Narcotics Agents*, 403 U.S. 388 (1971).
  - c.  Other: (Please specify) \_\_\_\_\_

2. Name of Plaintiff: CHRIS ZACHARIAS  
Present mailing address: Po Box 5911 / 1600 n. Drive Sioux falls, SD 57117  
(Failure to notify the Court of any change of address may result in dismissal of this action.)

Institution/city where violation occurred: Sioux falls, SD 57117

BOB DOOLEY~~SDSP STATE PRISON~~

3. Name of first Defendant: Warden The first Defendant is employed as:  
SDSP (Position and Title) at SDSP (Institution)

This Defendant is sued in his/her:  individual capacity  official capacity (check one or both)

Explain how this Defendant was acting under color of law: He was Being unfair to me and he was being disrespectful to me.

4. Name of second Defendant: ROBERT DOOLEY JR. The second Defendant is employed as:  
INMATE at (SDSP) (Position and Title) (Institution)

This Defendant is sued in his/her:  individual capacity  official capacity (check one or both)

Explain how this Defendant was acting under color of law: He is torturing me.

5. Name of third Defendant: Stephanie Hamilton The third Defendant is employed as:  
NURSE at (MDSP) Mike DURFEE State Prison (Position and Title) (Institution)

This Defendant is sued in his/her:  individual capacity  official capacity (check one or both)

Explain how this Defendant was acting under color of law: she would not give me medical treatment and she said I was faking my illness but I was not faking my illness.

6. Name of fourth Defendant: \_\_\_\_\_ The fourth Defendant is employed as:  
\_\_\_\_\_ at \_\_\_\_\_ (Position and Title) (Institution)

This Defendant is sued in his/her:  individual capacity  official capacity (check one or both)

Explain how this Defendant was acting under color of law: \_\_\_\_\_

(If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.)

## B. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner?  Yes  No
2. If your answer is "yes," how many lawsuits have you filed? 1. Describe the previous lawsuits in the spaces provided below.
3. First prior lawsuit:
  - a. Parties to previous lawsuit:  
Plaintiff: CHRIS ZACHARIAS

Defendants: south Dakota state prison  
(SDSP)

- b. Court: (If federal court, identify the district; if state court, identify the county.) southern  
division
- c. Case or docket number:
- d. Claims raised: 10.5 million for wrongfully  
imprisoning me for over 10 years
- e. Disposition: (For example: Was the case dismissed? Was it appealed? Is it still pending?)  
NA
- f. Approximate date lawsuit was filed: 3-21-2017
- g. Approximate date of disposition: 3-21-2017
4. Second prior lawsuit:
- a. Parties to previous lawsuit:  
Plaintiff: \_\_\_\_\_  
Defendants: \_\_\_\_\_
- b. Court: (If federal court, identify the district; if state court, identify the county.) \_\_\_\_\_
- c. Case or docket number: \_\_\_\_\_
- d. Claims raised: \_\_\_\_\_
- e. Disposition: (For example: Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_
- f. Approximate date lawsuit was filed: \_\_\_\_\_
- g. Approximate date of disposition: \_\_\_\_\_
5. Third prior lawsuit:
- a. Parties to previous lawsuit:  
Plaintiff: \_\_\_\_\_  
Defendants: \_\_\_\_\_
- b. Court: (If federal court, identify the district; if state court, identify the county.) \_\_\_\_\_
- c. Case or docket number: \_\_\_\_\_
- d. Claims raised: \_\_\_\_\_
- e. Disposition: (For example: Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_
- f. Approximate date lawsuit was filed: \_\_\_\_\_
- g. Approximate date of disposition: \_\_\_\_\_

(If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.)

### C. CAUSE OF ACTION

#### COUNT I

1. The following constitutional or other federal right has been violated by the Defendant(s): \_\_\_\_\_

BOB DOOCY (Warden) of (SDSP)

2. Count I involves: (Check only one; if your claim involves more than one issue, each issued should be stated in a different count)

Medical care       Access to the court       Mail  
 Disciplinary proceedings       Retaliation       Exercise of religion       Property  
 Excessive force by an officer       Threat to safety       Other: Harassment

3. **Supporting Facts:** (State as briefly as possible the FACTS supporting Count I. Describe exactly what each Defendant did or did not do to violate your rights. State the facts clearly in your own words without citing legal authority or arguments).

They Are NOT letting me talk to A white short shirt when I ASK them nicely to call one And they Said they didn't have to.

They Are Not letting me talk to a white short shirt when I ASK them nicely to call one And they Said they didn't have to.

4. **Injury:** (State how you have been injured by the actions or inactions of the Defendant(s)).

mental reasons.

5. **Administrative Remedies:**

a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution?       Yes       No

b. Did you submit a request for administrative relief on Count I?       Yes       No

c. Did you appeal your request for relief on Count I to the highest level?       Yes       No

d. If you did not submit or appeal a request for administrative relief to the highest level, briefly explain why you did not. I Did In Springfield (MDSP)

COUNT II

1. The following constitutional or other federal right has been violated by the Defendant(s): \_\_\_\_\_

Robert Voldseth Jr (Inmate #A7  
(3DSP))

2. Count II involves: (Check only one, if your claim involves more than one issue, each issued should be stated in a different count)

Medical care       Access to the court       Mail  
 Disciplinary proceedings       Retaliation       Exercise of religion       Property  
 Excessive force by an officer       Threat to safety       Other: Harassment

3. **Supporting Facts:** (State as briefly as possible the FACTS supporting Count II. Describe exactly what each Defendant did or did not do to violate your rights. State the facts clearly in your own words without citing legal authority or arguments).

He IS saying I am the reason  
that he ended to prison.

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4. **Injury:** (State how you have been injured by the actions or inactions of the Defendant(s)).

Harassment.

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5. **Administrative Remedies:**

a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution?       Yes  No

b. Did you submit a request for administrative relief on Count II?       Yes  No

c. Did you appeal your request for relief on Count II to the highest level?       Yes  No

d. If you did not submit or appeal a request for administrative relief to the highest level, briefly explain why you did not. they didn't do

anything

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### COUNT III

1. The following constitutional or other federal right has been violated by the Defendant(s):  
Stephanie Hamilton A NURSE AT THE MIKE DURFEE STATE PRISON

2. Count III involves: (Check **only one**; if your claim involves more than one issue, each issued should be stated in a different count)
- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Medical care       | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Mail                 |
| <input type="checkbox"/> Disciplinary proceedings      | <input type="checkbox"/> Retaliation         | <input type="checkbox"/> Exercise of religion |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety    | <input type="checkbox"/> Property             |
|  |  | <input type="checkbox"/> Other: _____         |

3. **Supporting Facts:** (State as briefly as possible the FACTS supporting Count III. Describe exactly what each Defendant did or did not do to violate your rights. State the facts clearly in your own words without citing legal authority or arguments).

Stephanie Hamilton A NURSE AT (MDS P)  
She would not give me medical treatment  
She said I was faking my illness but I was not.

4. **Injury:** (State how you have been injured by the actions or inactions of the Defendant(s)).

She said I was making my illness  
up but I was not I want her job taken  
Away from her so she can't work as a nurse  
again!

5. **Administrative Remedies:**

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution?

Yes  No

- b. Did you submit a request for administrative relief on Count III?

Yes  No

- c. Did you appeal your request for relief on Count III to the highest level?

Yes  No

- d. If you did not submit or appeal a request for administrative relief to the highest level, briefly explain why you did not.

I ASK FOR ONE BUT THEY WOULD NOT GIVE ME ONE WHEN I ASK FOR ONE!

(If you assert more than three Counts, answer the questions listed above for each additional Count on a separate page.)

**D. REQUEST FOR RELIEF**

State briefly what you want the Court to do for you.

Mental Reasons And For wrong for  
Doing.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 3-21-2017  
DATE

Chris Zecherice  
SIGNATURE OF PLAINTIFF

ADAM ALTMAN

(Name and title or paralegal; legal assistant, or  
other person who helped prepare this complaint)

(Signature of attorney, if any)

4045 Lincoln St, L2  
Aberdeen, SD 57461  
(605) 725-1445

(Attorney's address & telephone number)

**ADDITIONAL PAGES**

All questions must be answered concisely in the proper space on the form. If needed, you may attach additional pages. The form, however, must be completely filled in to the extent applicable.